REGEIVED FEC MAIL GENTER

2016 MAY 31 AM 11:21

## **COVER LETTER**

To:

Federal Election Commission 999 E Street, NW Washington, D.C. 20463

RE: Statement of Organization for a New Political Action Committee

Comments: Please see enclosed documents.

Enclosure: 1

Signature:

Hunter H. Ihrman

Sender:

Hunter H. Ihrman 15245 Baldwin Street West Olive, MI 49460

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## 2016-05-31-03-00076087

FEC FORM

## STATEMENT OF ORGANIZATION

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FORIVI 1		_	Office Use Only
NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Youth fo	r a Bright	er Futur	e 
ADDRESS (number and street)	1,5,2,4,5, Bal	dwin Stree	<u> </u>
(Check if address is changed)			
is shanges,	West Olive		M <sub>I</sub> I
COMMITTEE'S E-MAIL ADDI	RESS		
(Check if address is changed)	hdihrman@g	gmail.com	
is onlyinged,	Optional Second E-Mail Add	dress	
(Check if address is changed)			
		<del>,</del>	
2. DATE 0,5	2 6 2 0 1 6		
3. FEC IDENTIFICATION	NUMBER ▶		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined	d this Statement and to the best	of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treas	urer <u>Hunter</u> H.	Ihrman	
Signature of Treasurer	Huyer Ilng		Date 05 26 2016
MOTE: Submission of false, or	rongous, or incomplete information	may subject the sames signific	a this Statement to the populties of E2 LLS C 82010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

- [6	Office		ļ	For further information contact:
	Use			Federal Election Commission
- 1	Only	<u> </u>		Toll Free 800-424-9530
- 1	Offig [	1		Local 202-604-1100

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F	EC	Form	1	(Revised	02/2009)
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1	FEC FO	rm 1 (Revised 02/2009) Page 2		
		OMMITTEE		
Candidate Committee:				
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)		
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)		
Nam Cano	e of didate			
	didate / Affiliati	Office State on Sought: House Senate President District		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Nam Cano	e of didate			
Par	ty Con	nmittee:		
(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.		
Poli	tical A	action Committee (PAC):		
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a		
		Corporation Corporation w/o Capital Stock Labor Organization		
		Membership Organization Trade Association Cooperative		
		In addition, this committee is a Lobbyist/Registrant PAC.		
(f)	Y	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)		
		In addition, this committee is a Lobbyist/Registrant PAC.		
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
Join	t Fund	draising Representative:		
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.		
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.		
	Com	nmittees Participating in Joint Fundraiser		
	1.	FEC ID number		
	2.	FEC ID number		
	3.	FEC ID number C		
	4.			

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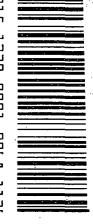
Г	-		٦
	FEC Form 1 (Revised 0 /rite or Type Committee Name	<u>1</u> /2009)	Page 3
	outh for a Brighter Future		
6.		ganization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
1			
L	<u> </u>		
<u> </u>			
	Mailing Address		
	•	CITY STATE	ZIP CODE
	Relationship: Connected	Organization Affiliated Committee JJoint Fundraising Representative	Leadership PAC Sponsor
7.	Custodian of Records: Iden books and records.	ify by name, address (phone number optional) and position of the perso	on in possession of committee
	Full Name Hunt	er H. Ihrman	
	Mailing Address	15245 Baldwin Street	
		[W, e, s, t, O, l, i, v, e,,, M,I] [M,I]	4   9   4   6   0   -   9   2   4   0
	Title or Position	CITY STATE	ZIP CODE
	Custodian	of Records    Telephone number   1   1   1   1   1   1   1   1   1	5 - [9 2 8] - 4 1 3 3
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; an ssistant treasurer).	d the name and address of
	Full Name of Treasurer H_u_n_t	$\lfloor e_{i}r_{i}\rfloor_{H_{i},i}$ , $I_{i}h_{i}$ , $r_{i}$ , $n_{i}$ , $n_{i}$ , $n_{i}$ , $n_{i}$ , $n_{i}$	
	Mailing Address	1,5,2,4,5;  B,a,1,d,w,i,n,  S,t,r,e,e,t, , , , ,	
		<u> </u>	
		West Olive       MI	4   9   4   6   0   -   9   2   4   0
	Title or Position	CITY STATE	ZIP CODE
	Treasurer		5 [9,2,8] _ [4,1,3,3]

9.

FEC Form 1 (Revised	d 0.2/2009)		Page 4
Full Name of Designated Agent Dr:	David K. Ihrman		
Mailing Address	15245 Baldwin Street		
	West Olive	MI 4946	0 - 9 2 4 0
Title or Position	CITY	STATE Z	IP CODE
Assistant	Treasurer Telephone num	ber 616 - 9	9 0 - [ 7 4 2 0]
Banks or Other Depositoring safety deposit boxes or main Name of Bank, Depository, or Lake	etc.	e deposits funds, holds	accounts, rents
	[Holland	M <sub>I</sub> I 494	2 <sub>1</sub> 3]-
	CITY	STATE :	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address		<u> </u>	
·			
	CITY	STATE	ZIP CODE



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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.				
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Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
Next Bus	siness Day Delivery			
Received from House Records & Registration Office	Date of Receipt			
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	of Receipt or Postmarked			
PREPARER (3/2015)	5   3   1   6 DATE PREPARED			